



Commonwealth of Kentucky
Environmental and Public Protection Cabinet
Department for Environmental Protection
Division for Air Quality
Special Programs Branch
803 Schenkel Lane
Frankfort, Kentucky 40601-1403
Telephone: (502) 573-3382

**GASOLINE TANK TRUCK
PRESSURE-VACUUM TEST
CERTIFICATE APPLICATION**

The completion and return of this form is required under Regulation 401 KAR 63:031, pursuant to KRS 224. Applications shall be incomplete unless all the requested information is provided on this form, signed by the applicant, and accompanied by a ten dollar (\$10) sticker fee in the form of a check or money order payable to the Kentucky State Treasurer. Failure to supply information required or deemed necessary by the Division to enable it to act upon the application shall result in administrative or legal action.

| | |
|-----------------------------------|------------|
| DEP-6020 | Rev. 01-04 |
| AGENCY USE ONLY | |
| RECEIPT NUMBER | |
| | |
| LOG NUMBER: | |
| | |
| CERTIFICATE SERIAL NUMBER: | |
| | |
| YEAR: | |
| | |
| MONTH: | |
| | |

| | | |
|---|-------------------------------------|--|
| COMPANY NAME: | | TELEPHONE NUMBER (with area code): |
| | | |
| MAILING ADDRESS: | | |
| | | |
| Street or Box No. | City | County |
| State | Zip Code | |
| TANKER UNIT NUMBER | SERIAL IDENTIFICATION NUMBER | MAKE AND YEAR OF MANUFACTURE |
| TANKER CAPACITY Gallons | NUMBER OF COMPARTMENTS | VAPOR COLLECTION SYSTEM INSTALLED BY: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retrofitted |
| Enclosed \$10.00 Sticker Fee Payable to Kentucky State Treasurer Check <input type="checkbox"/> Money Order <input type="checkbox"/> | | |
| NAME OF PERSON SUBMITTING APPLICATION | TITLE | TELEPHONE NUMBER |
| SIGNATURE OF PERSON SUBMITTING APPLICATION | | DATE OF APPLICATION |
| | | |

METHOD 27-DETERMINATION OF VAPOR TIGHTNESS OF GASOLINE DELIVERY TANK USING PRESSURE-VACUUM TEST

PRESSURE TEST:

PRESSURIZE TANK TO 450 MILLIMETERS OF WATER (18 Inches)

TIME _____ A.M.
P.M.

| PRESSURE READING MILLIMETERS WATER | TEST | 1 MINUTE | 2 MINUTES | 3 MINUTES | 4 MINUTES | 5 MINUTES |
|---|------|----------|-----------|-----------|-----------|-----------|
| | 1 | | | | | |
| | 2 | | | | | |
| Arithmetic average of the two results | | | | | | |

VACUUM TEST:

EVACUATE TANK TO 150 MILLIMETERS OF WATER (6 Inches)

TIME _____ A.M.
P.M.

| PRESSURE READING MILLIMETERS WATER | TEST | 1 MINUTE | 2 MINUTES | 3 MINUTES | 4 MINUTES | 5 MINUTES |
|---|------|----------|-----------|-----------|-----------|-----------|
| | 1 | | | | | |
| | 2 | | | | | |
| Arithmetic average of the two results | | | | | | |

TANK DOES ☐ DOES NOT ☐ MEET TEST STANDARD.

SERIAL IDENTIFICATION NUMBER: _____ TANKER UNIT NUMBER: _____

REPAIRS: _____

I certify that the tank unit listed on this application was tested on _____ (month/day/year) in compliance with the test procedure specified in 40 CFR 60, Appendix A, Method 27, "Determination of Vapor Tightness of Gasoline Delivery Tank Using Pressure-Vacuum Test," and Kentucky Administrative Regulation, 401 KAR 63:031, that the test data given above are true and accurate at the time of testing, and that two consecutive tests were performed and agree within ± 12.5 millimeters of water.

| | |
|----------------------|----------------------------------|
| NAME OF TESTING FIRM | NAME OF TESTER |
| ADDRESS | SIGNATURE OF TESTER |
| CITY | PHONE NUMBER (include Area Code) |
| STATE | DATE |
| ZIP CODE | |